## MULTIPLE DEPENDL: | CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) AS FILED | AFTER | AFTER | 2nd AMENDME IND. | DEP. | IND. | DEP.

SERIAL NO. FILING DATE

APPLICANT(S)

APPLICANT(S) 09/937481
CLAIMS \* \*

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\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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